## **BUILDING PERMIT APPLICATION**

Property Address:    Name:       Contractor Contact Person	FEE \$	<b>TOWN OF</b>	PERMIT#
Name:  Mailing Address:  City/State/Zip:  Contact Phone(s):  Email:  Proof of Insurance: Contractor GL W-Comp/DBL/NYPFL (C-105.2 & DB-120.1) or Exempt CE-200  Purpose:  [] Erect [] Addition [] Repair [] Alteration [] Demolish [] Solid or Fossil Fuel Heating Appliance/Vent Install  [] Excavation [] Grading [] Occupy [] Move [] Manufactured Home [] Other:	Property Address:		Tax Parcel #:
Mailing Address:  City/State/Zip:  Contact Phone(s):  Email:  Proof of Insurance: Contractor GL W-Comp/DBL/NYPFL (C-105.2 & DB-120.1) or Exempt CE-200  Purpose:  [		Owner or Representative	Contractor Contact Person
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Architect/Engineer Name: Address:		7 77 6112 61 2 12 10 10 10 10 10 10 10 10 10 10 10 10 10	
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Permission is hereby granted to the CEO or authorized representative, upon showing proper credentials, to enter the above premises or buildings during reasonable working hours to discharge their duties.  Date: Owner or Representative	Permission is herebenter the above premis	ses or buildings during reasonable working	ng hours to discharge their duties.
Code Enforcement Use Only:	Code Enforcement U	Jse Only:	
Construction Type: Occupancy Classification:	Construction Type:	Occupancy Class	sification:
Inspections to complete:	Inspections to comple	te:	
Inspections to complete:  Building Permit Granted:YesNo (Reason for not):	Building Permit Grant	ted: Yes No (Reason for no	ot).
Date: Code Enforcement Officer:	Date:	Code Enforcement Officer	-/-